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CONFIRMATION NO. 1687

Bib Data Sheet

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|-----------------------------|---------------------------------------|--------------|------------------------|-------------------------------|
| SERIAL NUMBER 10/806,088 | FILING DATE 03/22/2004 RULE | CLASS 514 | GROUP ART UNIT 1614 | ATTORNEY DOCKET NO. 225011 |
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APPLICANTS

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** CONTINUING DATA *****

 This application is a REI of 08/379,872 01/27/1995 PAT 6,114,397
 which is a DIV of 07/551,353 07/12/1990 PAT 5,385,936

** FOREIGN APPLICATIONS *****

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/10/2004

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|---|----------|---------|--------|-------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR | SHEETS | TOTAL | INDEPENDENT |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | COUNTRY | DRAWING | CLAIMS | CLAIMS |
| Verified and Acknowledged Examiner's Signature <u>ICEU</u> Initials | MD | 2 | 30 | 4 |

ADDRESS

 45733
 LEYDIG, VOIT & MAYER, LTD.
 TWO PRUDENTIAL PLAZA
 SUITE 4900
 CHICAGO, IL
 60601

TITLE

Gossypol for the treatment of cancer

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|------------------------------------|---|---|
| FILING FEE RECEIVED 1252 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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